12053

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Cecil; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point; LENGTH OF STAY (in this place) 1 Yr. Mo. 28 Da.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY ~~Baltimore~~; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 2528 Calverton Heights Ave.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| JOHN | D. | ALLEN | Dec. | 24 | 1951 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Married | 11-16-93 | 58 yrs. | 1 | 8 | | |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Policeman -Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): London Co., Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. Allen

14. MOTHER'S MAIDEN NAME: Albina P. Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. 220-20-4674

17. INFORMANT AND ADDRESS: Hospital Records, VAH, Perry Point, Md.

## 18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Pulmonary Embolus | Unknown |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Tumor of Right Adrenal Gland | Unknown |
| | (c) Tumor of Left Bronchus | Unknown |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | Diabetes, Mellitus | 1 Mo. 25 Da. |

260X 239 IX 61

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I / VA attended the deceased from Oct. 30, 1951, to Dec. 24, 1951, ~~[illegible]~~ and that death occurred at 12:10 Am., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

DeHart Krans, M.D., Acting Chief, Professional Services, VAH, Perry Point, Md 12-24-51

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Removal | Dec. 24, 1951 | National Cemetery | Baltimore, Maryland |

DATE REC'D BY LOCAL REG. Dec 24 1951 | REGISTRAR'S SIGNATURE Ida M. Dougherty act Reg. | 24. FUNERAL DIRECTOR ADDRESS: Wm. J. Tickner & Sons

WILLIAM J. TICKNER & SONS, Baltimore, Md.

VS-A15

RECEIVED
DEC 27 1951
BUREAU V..S.

12054

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit — LENGTH OF STAY (in this place) 79 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit
STREET ADDRESS (If rural, give location) 67 North Main

3. NAME OF DECEASED (Type or Print): (First) Rawlings (Middle) Rigg (Last) Atkinson
4. DATE OF DEATH: (Month) Dec. (Day) 27, (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Sept. 14, 1872
9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Conductor, Freight
10b. KIND OF BUSINESS OR INDUSTRY: Rail Road
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Rawlings Atkinson
14. MOTHER'S MAIDEN NAME: Elizabeth Riale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 716-12-2833
17. INFORMANT AND ADDRESS: Bessie M. Taylor, Port Deposit, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myo Cond. tis — 1 yr.

420 / 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Angina Pectoris — 6 wks
(c) Massive Bronchopneumonia — 10 Minutes

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1950, to Dec 27, 1951, that I last saw the deceased alive on Dec 26, 1951, and that death occurred at 2:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. W. Richards M.D. — ADDRESS Port Deposit Md — DATE SIGNED 12-29-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12-30-1951
NAME OF CEMETERY OR CREMATORY: West Nottingham
LOCATION (City, town, or county) (State): Colora, Md.

DATE REC'D BY LOCAL REG.: Dec. 29, 1951
REGISTRAR'S SIGNATURE: Ida M. Dougherty act Reg.
24. FUNERAL DIRECTOR — ADDRESS: Lee A. Patterson & Son, Perryville, Md.

VS-A13

RECEIVED
JUN 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

12055

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 9X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (In this place) Over.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Del. — COUNTY New Castle
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wilmington
STREET ADDRESS (If rural, give location) 611 Concord Ave.

3. NAME OF DECEASED (Type or Print): (First) FRANK. (Middle) (Last) BELLAFONTE
4. DATE OF DEATH: (Month) 12 (Day) 27 (Year) 1951

5. SEX M. | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Aug 12-1900 | 9. AGE last birthday 51 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman | 10b. KIND OF BUSINESS OR INDUSTRY Pure Barbas Plant | 11. BIRTHPLACE (State or foreign country) Italy | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frank Bellafonte | 14. MOTHER'S MAIDEN NAME no information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Mrs. Emma Bellafonte

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

**Immediate cause** (a) Third degree burn entire body.

916.3 **Antecedent cause(s)** Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

18) (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) Factory | (CITY OR TOWN) Elkton Rt 04 | (COUNTY) Cecil | (STATE) Md.

TIME OF INJURY: (Month) 12 (Day) 27 (Year) 51 (Hour) 12:55 m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Explosion in building

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) M.D. ADDRESS DATE SIGNED
M.D. Doctor M.D. Dr E Rising Sun Md 10/27-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 12/31/51 | NAME OF CEMETERY OR CREMATORY Cathedral Cem | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Dec 27 | REGISTRAR'S SIGNATURE F. Ringgold | 24. FUNERAL DIRECTOR H. W. Pippen Son, Elkton, Md. per J.M.P. | ADDRESS

RECEIVED
JAN 2. 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

12056

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 144 E. Main St

3. NAME OF DECEASED (Type or Print): (First) Rose' (Middle) Mary (Last) Buchanan
4. DATE OF DEATH: (Month) Dec (Day) 1 (Year) 1951

5. SEX: F
6. COLOR OR RACE: Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Dec 1 1951
9. AGE last birthday: yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours 3 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Elkton Md.
12. CITIZEN OF WHAT COUNTRY? Usa.

13. FATHER'S NAME: Billie Buchanan
14. MOTHER'S MAIDEN NAME: Ruth Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: William Buchanan 144 E. Main St Elkton Md.

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congenital Heart — Interval between onset and death: 12 hrs

Antecedent cause(s) (b) Prematurity — 12 hrs

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

7544 / 157.2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ____, 19__, to Dec 1, 1951 that I last saw the deceased alive on Dec 1, 1951, and that death occurred at 5:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George J. Kunz M.D. ADDRESS Elkton DATE SIGNED 12/2/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Dec 3 1951
NAME OF CEMETERY OR CREMATORY: Bethel Cemetery
LOCATION (City, town, or county) (State): Chesapeake City Md.

DATE REC'D BY LOCAL REG.: Dec 3
REGISTRAR'S SIGNATURE: H K Frazer
24. FUNERAL DIRECTOR ADDRESS: H. W. Pippin & Son Elkton Md.

200 221(51) 20132-3

RECEIVED
DEC 4 1951
BUREAU V. S.

Item 8 FilmG137 12/26/51 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12057

# CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecile; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; MARYLAND; LENGTH OF STAY (in this place) 7 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Cecile; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton R.D. 3; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Willbur (Middle) Linwood (Last) Cahall

4. DATE OF DEATH: (Month) 12 (Day) 11 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12/13/45

9. AGE last birthday: 6 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Linwood Cahall

14. MOTHER'S MAIDEN NAME: Amelia Welsh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Linwood Cahall Elkton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Nephritis — Interval Between Onset and Death: 4 days.

590X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Anuria

130 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 9, 1951, to Dec. 11, 1951, that I last saw the deceased alive on Dec 10, 1951, and that death occurred at 1 a.m., from the causes and on the date stated above.

SIGNATURE Hen Davis (Degree or title) MD ADDRESS Chesapeake City Md DATE SIGNED 12/11/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 12/13/51 — NAME OF CEMETERY OR CREMATORY Greensboro — LOCATION (City, town, or county) Greensboro (State) Md.

DATE REC'D BY LOCAL REG. Dec 13-1951 — REGISTRAR'S SIGNATURE L. Mac Lapkins F. Rodney Flatzier

24. FUNERAL DIRECTOR R.B. Rawlings ADDRESS Greensboro Md.

VS. A15

RECEIVED
1951
BUREAU V. S.

12058

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Charlestown | LENGTH OF STAY (in this place): 16 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Pennsylvania — COUNTY: Chester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chester
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Clara (Middle) Mae (Last) Capple
4. DATE OF DEATH: (Month) 12-4-1951 (Day) (Year) 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 3-17-1885
9. AGE last birthday: 66 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Book Keeper
10b. KIND OF BUSINESS OR INDUSTRY: Laundry
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph E. Miller
14. MOTHER'S MAIDEN NAME: Anna J. Conner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Anne J. Cather, Charlestown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocarditis

4/22.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 4, 1951, to Dec 4, 1951, that I last saw the deceased alive on Dec 4, 1951, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

C B Collins, M.D. North East Md. 12-6-'51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12-7-1951 | NAME OF CEMETERY OR CREMATORY: Charlestown | LOCATION (City, town, or county) (State): Charlestown, Md.

DATE REC'D BY LOCAL REG.: Dec 6, 1951 | REGISTRAR'S SIGNATURE: Lia M. Dougherty | 24. FUNERAL DIRECTOR ADDRESS: Wm A. Patterson & Son, Perryville, Md.

Ad Reg.

12059

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age, especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (In this place) Urban
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stanton
STREET ADDRESS (If rural, give location)

| 3. NAME OF DECEASED (Type or Print) | (First) | (Middle) | (Last) | 4. DATE OF DEATH | (Month) | (Day) | (Year) |
|---|---|---|---|---|---|---|---|
| | DORSEY | | CARTER. | | 12 | 13 | 19 51 |

| 5. SEX | 6. COLOR OR RACE | 7. (SINGLE) MARRIED WIDOWED DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE Last Birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| M | Col. | single | June 15 1900 | 51 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Laborer on farm | | Virginia | U.S.A. |

13. FATHER'S NAME: Milton Carter
14. MOTHER'S MAIDEN NAME: Lucy Irby
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS: Dorsey Carter

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

**Immediate cause** (a) Third degree burns of entire body — Interval between Onset and Death:

916.0 **Antecedent cause(s)** Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

181 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | Home | St Augustine | Cecil | Md |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at work ☒ | Not while at work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|---|
| 12 | 13 | 51 | 2 p.m. | | | Clothes caught fire from gasoline |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| C. L. Dodson | M.D. | Elkton Md | 12-14-51 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | 12-16-51 | Leeuwe Cemetery | Leeuwe | Va. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Dec 15 | [illegible] | Edw R Bell | Mil. Va. |

VS. A15A

DEC 19 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (In this place) 2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Divine Nursing Home.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) W. Main St.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| John | Price | Cochran | Dec | 15 | 1951 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| M | W | widowed | June 21, 1862 | 89 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Homemaker | Farm. | Middletown, Del. | US |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Richard Cochran | Catherine Williams. |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| | | Mrs Jane Martin Newcastle Co, Del |

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Jaw & Hard Palate — 13

191X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

45C (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from 1 Nov, 1951, to 15 Dec, 1951, that I last saw the deceased alive on 14 Dec, 1951, and that death occurred at 12:05 P m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| George J Kreis Jr | | Elkton, Md | 12/15/51 |

| 23. BURIAL, CREMATION / REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Dec 18/51 | Forrest. | Middletown, Del. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Dec 18 | L K Fraser | H W Stephenson & Son | Elkton, Md. |

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton - rural; LENGTH OF STAY (In this place) 13 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS RD 5

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton RD 5; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) Smith (Last) Currinder

4. DATE OF DEATH: (Month) DEC (Day) 28 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: Jan. 7 1879

9. AGE last birthday: 72 plus yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming Lepair

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Delaware.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Currinder

14. MOTHER'S MAIDEN NAME: Laura Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT: wife - Mrs. W. S. Currinder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis — Interval between onset and death: 3 days

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a (b) Hypertension - first seen Aug 1951 — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

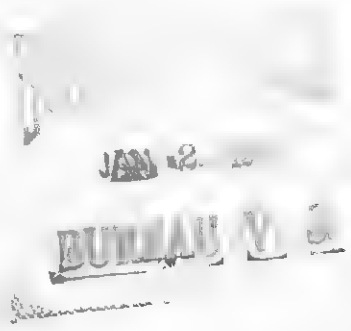
22. I hereby certify that I attended the deceased from Dec 25, 1951, to Dec 28, 1951, that I last saw the deceased alive on Dec 28, 1951, and that death occurred at 3:15 A. m. from the causes and on the date stated above.

SIGNATURE (Degree or title) W. H. McKnight M.D. ADDRESS Elkton DATE SIGNED 12/28

23. BURIAL, CREMATION, REMOVAL (Specify) Buried — DATE THEREOF 12-31-1951 — NAME OF CEMETERY OR CREMATORY Fairview Mem. Park — LOCATION (City, town, or county) (State) Fairhurst No. Del.

DATE REC'D BY LOCAL REG. Dec 28 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR ADDRESS William F. Jones. Claymont, Delaware

VS-A15



12068

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY In this place 1 hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Elk Mills
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) J. (Last) DOWNAN

4. DATE OF DEATH: (Month) 12 (Day) 21 (Year) 1951

5. SEX M. | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 12-22-1893 | 9. AGE last birthday 57 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer. | 10b. KIND OF BUSINESS OR INDUSTRY Tannery | 11. BIRTHPLACE (State or foreign country) Elkton Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Harry Downhan. | 14. MOTHER'S MAIDEN NAME Laura Lloyd.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 215-09-8857 | 17. INFORMANT AND ADDRESS Mrs Elsy McDaniel

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute coronary disease

4 / Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 34a (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ___, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M. Woodson MD Dover Kent Co Md 12-21-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 12/21/51 | NAME OF CEMETERY OR CREMATORY Cherry Hill | LOCATION (City, town, or county) (State) Cherry Hill, Md.

DATE REC'D BY LOCAL REG. ... | REGISTRAR'S SIGNATURE ... | 24. FUNERAL DIRECTOR ... ADDRESS ...

VS. A15A

EC 28 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point; LENGTH OF STAY (in this place) 3yr.2mo.12days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel; STREET ADDRESS (If rural, give location) 322 Thomas Drive

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) L. (Last) DUNNINGTON

4. DATE OF DEATH: (Month) December (Day) 3 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-14-1898

9. AGE last birthday: 53 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Potomac Electric & Power Co.

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles F. Dunnington

14. MOTHER'S MAIDEN NAME: Frances M. Jeter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 577-05-0032

17. INFORMANT AND ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia, bronchial, right lower lobe

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral arteriosclerosis (Alzheimer's Disease)

(c)

334X

1011

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 21, 1948, to Dec. 3, 1951, ~~that I last saw the deceased~~ VA and that death occurred at 4:50 p.m., from the causes and on the date stated above.

SIGNATURE: E. P. Brannon

(Degree or title) E. P. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md.

ADDRESS

DATE SIGNED 12-4-51

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: 12-4-51

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG: Dec 4 1951

REGISTRAR'S SIGNATURE: Ida M. Daugherty act Reg

24. FUNERAL DIRECTOR: DeWitt Donaldson

ADDRESS: DONALDSON FUNERAL HOME, LAUREL, MD.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 124 Moffitt St

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural give location) 124 Moffitt St

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Harvey (Last) Fitzgerald

4. DATE OF DEATH (Month) Dec (Day) 17 (Year) 1951

5. SEX male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widower | 8. DATE OF BIRTH 3-30-79 | 9. AGE last birthday 72 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman | 10b. KIND OF BUSINESS OR INDUSTRY Fishe | 11. BIRTHPLACE (State or foreign country) Calvert Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James Fitzgerald | 14. MOTHER'S MAIDEN NAME Lesselie Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT William Fitzgerald Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) CORONARY OCCLUSION | 1 DAY |
| 42 0 Antecedent cause(s) 9:2 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) ARTERIOSCLEROTIC HEART DISEASE | FEW YEARS |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN., 1949, to DEC. 16, 1951, that I last saw the deceased alive on DEC 16, 1951, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

William C. Silverman M.D. Newark Del. 12/20/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 12-21-51 | NAME OF CEMETERY OR CREMATORY Harmony Hill | LOCATION (City, town, or county) (State) Parkersville Md

DATE REC'D BY LOCAL REG. Dec 21 | REGISTRAR'S SIGNATURE F R Draper | 24. FUNERAL DIRECTOR ADDRESS W. Henry Tippin Elkton Md

51
74
77

12065

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 2097

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton | LENGTH OF STAY (in this place) 2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galena
STREET ADDRESS (If rural give location) Main St.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| James | Lewis | Ford | 12 | 17 | 1951 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| male | White | married | Oct 10 1877 | 74 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Farmer | agriculture | Delaware | |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Merritt Ford | Hester Noonan |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| | | Rodney Ford. |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Congestive Heart Failure | |
| 416X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 95b | (b) Rheumatic Heart Disease | 10 years |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☑ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| | | | m. | | |

22. I hereby certify that I attended the deceased from Nov 1, 19 51, to Dec 17, 19 51, that I last saw the deceased alive on Dec 17, 19 51, and that death occurred at 1:25 p.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Wallace Oleubaris | M.D. | Ceciton, Md | Dec 17 1951 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Dec. 20 1951 | Galena Cemetery | Galena Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 12/20/51 | Edward Fellows. (Rodney Frazier) | Edward Fellows | Millington Md |

VS. A15

12066

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 7-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton R.D — LENGTH OF STAY (In this place) 19 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON RURAL
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Mable (Middle) (Last) Gray

4. DATE OF DEATH: (Month) Dec. (Day) 1 (Year) 1951

5. SEX: FEMALE | 6. COLOR OR RACE: WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED | 8. DATE OF BIRTH: Aug 18-1891 | 9. AGE last birthday: 60 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE | 10b. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): ELKTON VA | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Franklin Slatty | 14. MOTHER'S MAIDEN NAME: Annie E Akins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of) | 16. SOCIAL SECURITY NO.: none | 17. INFORMANT: Raymond J Gray

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Secondary Anemia. — 1 year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Diabetes — 19 years

260X 61 (c) Interstatial Neplunitis — 4 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma uterus about body.

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to Dec 1, 1951, that I last saw the deceased alive on Dec 1, 1951, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE: James L. Johnson | (Degree or title) M.D. | ADDRESS Elkton Md. | DATE SIGNED December 3, 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF 12-5-51 | NAME OF CEMETERY OR CREMATORY: Rosebank | LOCATION (City, town, or county): Calvert | (State): Cecil Md

DATE REC'D BY LOCAL REG. DEC 3 | REGISTRAR'S SIGNATURE: J R Teague | 24. FUNERAL DIRECTOR: Joseph R. Grant | ADDRESS: North East Md

VS. A15

12067

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY CECIL MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point; LENGTH OF STAY (in this place) 2 Yrs 28 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospit

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ohio COUNTY Franklin; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westerville; STREET ADDRESS (If rural, give location) 78 North Vine St.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) C. (Last) GREEN

4. DATE OF DEATH: (Month) December (Day) 8 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-11-87

9. AGE last birthday: 64 yrs. If under 1 year: Months 9 Days 28 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier - Retired

10b. KIND OF BUSINESS OR INDUSTRY: US Army

11. BIRTHPLACE (State or foreign country): Franklin Co., Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Green Lt.Col. - Deceased

14. MOTHER'S MAIDEN NAME: Sarah Parkinson - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia, bronchial, bilateral

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cirrhosis of liver

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Sept. 11, 1951, to Dec. 8, 1951, ~~that I last saw the deceased~~ ~~and that I viewed the body on~~, and that death occurred at 1:00 Am., from the causes and on the date stated above.

SIGNATURE: E. P. Brunhoff, M.D. (Degree or title) Chief Professional Services, VAH, Perry Point, Md. (ADDRESS) 12-9-51 (DATE SIGNED)

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: 12-9-51

NAME OF CEMETERY OR CREMATORY: Silent Home Cemetery

LOCATION (City, town, or county) (State): Reynoldsburg, Ohio

DATE REC'D BY LOCAL REG.: Dec 10 1951

REGISTRAR'S SIGNATURE: Lena M. Tawatski

24. FUNERAL DIRECTOR: Pennington & Son ADDRESS

PENNINGTON & SON, H vre de Grace, Maryland

not Reg.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colora, Rural — LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ewing Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colora, rural
STREET ADDRESS (If rural, give location)

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Roberta | Catherine | Griest | Dec. | 2 | 1957 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| F. male | White | widowed | March 21 1887 | 70 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | Own Home | Berkley, Harford Co. Md. | U.S. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Thomas Smith | Sarah Julia Merritt |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|---|
| no | | | Mrs. Ann Smith Colora Md. |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 10 Days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. 331X 83a
(b) Arteriosclerosis — 3 yrs.
(c) Hypertension — 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. /

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
|---|---|---|
| | | |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from June 12, 1948, to Dec 2, 1957, that I last saw the deceased alive on Dec 2, 1957, and that death occurred at 4 m., from the causes and on the date stated above.

SIGNATURE: H. L. Snodgrass (Degree or title) M.D. ADDRESS Darlington Md. DATE SIGNED 12/2/57

| 23. BURIAL, CREMATION REMOVAL, (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Dec 7-1957 | Harmony Chapel | Near Norrows Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Dec 4-1957 | L. M. Worthington | C. E. Lawson | Darlington Md. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

12503

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural R.F.D. — LENGTH OF STAY (In hospital or other institution)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural R.F.D.
STREET ADDRESS (If rural, give location) R.D.3

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| VIRIGNIA | CATHERINE | HARVEY | 12 | 29 | 1951 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE Last birthday | If under 1 year: Months | Days | If under 24 hrs: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| F. | White | Married | 5-13-1884 | 67 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY |
|---|---|---|---|
| Housewife | Home | Cumberland Md. | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Emery Thompson | Sally Tinney |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| No | | Lucille Tatnall |

### 18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

**Immediate cause** (a) Acute Coronary Occlusion

**Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Heart Disease

(c)

420.1 / 94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ___, suicide ___, homicide ___, undetermined ___.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| C. L. McDaniel | M.D. | Rising Sun Md. | 10/24/52 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | Dec 2-52 | Chestnut Ridge | Fairs Road | Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Dec 31 | [illegible] | R. J. Jones Newark Del | |

VS. A15A

JAN 21 1952

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12670

# CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—8-51

1. PLACE OF DEATH: COUNTY Cecil MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point; LENGTH OF STAY (in this place) 1 Mo 16 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington D. C. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 4236 South Dakota Ave., N. E. ✓

3. NAME OF DECEASED: (Type or Print) (First) RESLYN (Middle) W. (Last) HENLEY

4. DATE OF DEATH: (Month) Dec. (Day) 29 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct. 14, 1917

9. AGE last birthday: 34 yrs. IF UNDER 1 YEAR: Months 2 Days 15 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Public School

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin J. Henley

14. MOTHER'S MAIDEN NAME: Daisy Crawford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-II

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

Immediate cause (a) Tuberculosis, Miliary 1 L — DUE TO

010 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last 22a — (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 13, 19 51, to Dec. 29, 19 51, ~~that I saw the deceased~~ ~~alive on the date stated above~~ and that death occurred at 3:45 p.m., from the causes and on the date stated above.

SIGNATURE E. P. BRANNON, M.D. (DEGREE OR TITLE) Chief, Professional Services, VAH, Perry Point, Md. ADDRESS DATE SIGNED 12-30-51

23. BURIAL, CREMATION REMOVAL (Specify): Removal DATE THEREOF 12-30-51 NAME OF CEMETERY OR CREMATORY National Cemetery LOCATION (City, town, or county) Arlington, ~~Va.~~ Va. (State)

DATE REC'D BY LOCAL REG. Dec 30 1951 REGISTRAR'S SIGNATURE Ida M. Dougherty act Reg.

24. FUNERAL DIRECTOR Robert F. McGuire ADDRESS Washington D.C. McGUIRE FUNERAL SERVICE, Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12071

# CERTIFICATE OF DEATH

Reg. Dist. No. 1

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (In this place) Life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Milburn Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural give location) 131 Milburn St.

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) (Last) Johnson

4. DATE OF DEATH: (Month) Dec. (Day) 22 (Year) 195-1

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 12, 1883

9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman

10b. KIND OF BUSINESS OR INDUSTRY: Power Plant Elkton, Md.

11. BIRTHPLACE (State or foreign country): Cecilton Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph Johnson

14. MOTHER'S MAIDEN NAME: Rosea Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Elkton Clara Johnson-122 Bell's Lane, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis — 5 Yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Interstitial Nephritis — 5 yrs.

131a (c) Passive congestion of lungs. — 1 month

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 16, 19 51, to Dec. 22, 19 51, that I last saw the deceased alive on Dec. 20, 19 51, and that death occurred at 7.30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James L. Johnson M.D. 245 E. High St. Elkton, Md 12/24/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 12/27/51 — NAME OF CEMETERY OR CREMATORY Mt Olive Cemetry — LOCATION (City, town, or county) (State) Wilmington, Delaware

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Edward Bell — ADDRESS 909 Poplar St.

12-26-51

VS-A16

DEC 8 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH 12.72

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Conowingo, Md. | LENGTH OF STAY (In this place): 18 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: none

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Conowingo, Md.
STREET ADDRESS (If rural give location): R.D.

3. NAME OF DECEASED (Type or Print): (First) Mabel (Middle) Loloy (Last) Jones

4. DATE OF DEATH: (Month) 12 (Day) 12 (Year) 1951

5. SEX: F

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3 22 97

9. AGE last birthday: 54 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife

10b. KIND OF BUSINESS OR INDUSTRY: own Home

11. BIRTHPLACE (State or foreign country): Fawn Penna.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Thomas Wilson

14. MOTHER'S MAIDEN NAME: Mabel Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: LeRoy Jones. Conowingo Md. R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Vascular Accident — Interval Between Onset and Death: 4 hrs.

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) hypertension

8320 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-12, 19 51, to 12-12, 19 51, that I last saw the deceased alive on 12-12, 19 51, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Neil Taylor MD Rising Sun Md 12/12/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Dec 16. 1951 | NAME OF CEMETERY OR CREMATORY: Mt Zion | LOCATION (City, town, or county): Near Conowingo | (State): Md.

DATE REC'D BY LOCAL REG.: Dec 14-1951 | REGISTRAR'S SIGNATURE: Lillian Worthington

24. FUNERAL DIRECTOR: J. E. Tyson | ADDRESS: Rising Sun Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

12673

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH**
COUNTY: CECIL — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ELKTON RD#4
LENGTH OF STAY (In this place): 37 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: RD 4

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: MARYLAND — COUNTY: CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ELKTON
STREET ADDRESS (If rural give location): RURAL 4

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| MARY | ELLA | KIBLER | 12 | 18 | 1951 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min. |
|---|---|---|---|---|---|---|
| FEMALE | WHITE | MARRIED | 2-10-1878 | 73 yrs. | | |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): LURAY VIRGINIA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: SAMUEL D BURNER
14. MOTHER'S MAIDEN NAME: ELIZABETH RICHARD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): —
16. SOCIAL SECURITY No.: NONE
17. INFORMANT: Mrs Elizabeth Dean

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Coronary Thrombosis | 1 Hour |
| 420 Antecedent cause(s) | (b) Hypertensive Cardiovascular Renal Disease | 5 yrs ? |
| 131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (c) Generalized Arteriosclerosis | 5 yrs ? |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from Sept, 1948, to 18 Dec, 1951, that I last saw the deceased alive on 15 Dec, 1951, and that death occurred at 4 A. m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Klaus H Hechner | M.D. | North East, Md | 19 Dec '51 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| BURIAL | 12-21-1951 | METHODIST | NORTH EAST, CECIL Co. Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS |
|---|---|---|
| DEC 20 | J R Logan | Joseph R. Grant North East, Maryland |

MARYLAND STATE DEPARTMENT OF HEALTH

12074

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Cecil; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
LENGTH OF STAY (in this place) 10 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 410 Delaware Avenue

3. NAME OF DECEASED (Type or Print): (First) WILLIE (Middle) (Last) LAMAR
4. DATE OF DEATH: (Month) Dec. (Day) 31 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 8, 1890
9. AGE last birthday: 61 yrs. If under 1 year: Months 7 Days 23; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Veterans Hospital
11. BIRTHPLACE (State or foreign country): Sparta, Georgia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Osie Lamar
14. MOTHER'S MAIDEN NAME: Rebecca Moses

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) WWI-II
16. SOCIAL SECURITY NO. 185-07-8935
17. INFORMANT AND ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Cardio Vascular Heart Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I / VA attended the deceased from Dec. 21, 1951, to Dec. 31, 1951, ~~that I last saw the deceased~~ ~~XXXXXXXXXXXXXXXXXXXXXXXX~~ and that death occurred at 6:15 A m., from the causes and on the date stated above.

SIGNATURE E. S. Ells, M.D., (Degree or title) ADDRESS DATE SIGNED

E. S. ELLS, M.D., Acting Chief, Professional Services VAH, Perry Point, Md. 12-31-51

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 12-31-51
NAME OF CEMETERY OR CREMATORY: Unknown
LOCATION (City, town, or county) (State): Salisbury Md

DATE REC'D BY LOCAL REG. Dec 31 1951
REGISTRAR'S SIGNATURE: Ida M. Daugherty act Reg.
FUNERAL DIRECTOR ADDRESS: Pennington & Son
PENNINGTON & SON, Havre de Grace, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

12675

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural on road. — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE N.Y. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Franklin Square
STREET ADDRESS (If rural, give location) 556 Seminole Road.

3. NAME OF DECEASED (Type or Print): (First) FANNIE (Middle) (Last) LIEBLER.

4. DATE OF DEATH: (Month) 12 (Day) 26 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2-18-1885

9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: At home.

11. BIRTHPLACE (State or foreign country): Romania

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Morris Fleischer

14. MOTHER'S MAIDEN NAME: no information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Nathan Bitter

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lacerated Head Fracture

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Skull Crushed chest both sides & back.

1700 (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Route 40 — (CITY OR TOWN) Elkton Rural — (COUNTY) Cecil — (STATE) Md

TIME OF INJURY (Month) 12 (Day) 26 (Year) 51 (Hour) 5:00 m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Automobile struck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: H. Hockerman (Degree or title) MD DME. — ADDRESS: Elkton Md — DATE SIGNED: 12/27/51

23. BURIAL, CREMATION, REMOVAL (Specify): Shipping — DATE THEREOF: 12/27/51 — NAME OF CEMETERY OR CREMATORY: New York City — LOCATION (City, town, or county): New York City — (State) N.Y.

DATE REC'D BY LOCAL REG — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS: W. W. Pippin & Son Elkton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

2 1952

12676

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 111 Booth St.

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Minor (Last)

4. DATE OF DEATH: (Month) Dec. (Day) 13 (Year) 19 57

5. SEX: Male — 6. COLOR OR RACE: Colored — 7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) — 8. DATE OF BIRTH: Dec. 13, 1870 — 9. AGE Last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Horse trainer — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Va. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Linwood Minor — 14. MOTHER'S MAIDEN NAME: Phoebia Blakey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No. — 16. SOCIAL SECURITY NO.: None — 17. INFORMANT AND ADDRESS: Mary Minor, 111 Booth St. Elkton, Md.

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Acute Pancreatitis | 3 |
| 422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d | (b) Chronic Nephritis myocarditis | 2 yrs. |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uraemia.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 4, 1957, to Dec. 13, 1957, that I last saw the deceased alive on Dec. 13, 1957, and that death occurred at 10:40 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Jno. J. Ferguson M.D. Elkton Md. 12/15/57

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. 16, 1957 — NAME OF CEMETERY OR CREMATORY: Providence Cem. — LOCATION (City, town, or county) (State): Elkton Md.

DATE REC'D BY LOCAL REG.: Dec 15 — REGISTRAR'S SIGNATURE: H R Frazer — 24. FUNERAL DIRECTOR — ADDRESS: Grant W. Swift 2:26 Pm Funeral Director

VS-A19

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A10

1. PLACE OF DEATH: COUNTY: Cecil; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 15yr.6mo.8days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 104 W. Eager

3. NAME OF DECEASED (Type or Print): (First) WILLARD (Middle) J. (Last) MOGLAND
4. DATE OF DEATH: (Month) December (Day) 6 (Year) 1951

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Married | 1-11-1900 | 51 yrs. | | | | |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Prohibition Agent
10b. KIND OF BUSINESS OR INDUSTRY: Dept. of Justice
11. BIRTHPLACE (State or foreign country): Chicago, Ill.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Peter Mogland
14. MOTHER'S MAIDEN NAME: Lillian Sloan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Embolus

4 1 | X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 10

(b) Pneumonia, bronchial, bilateral

(c) Dementia praecox, catatonic type

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 28, 1936, to Dec. 6, 1951, ~~that I last saw the deceased~~ and that death occurred at 1:35 p.m., from the causes and on the date stated above.

SIGNATURE: E. P. BRANNON, M.D. (Degree or title) ADDRESS: Chief, Professional Services, VAH, Perry Point, Md. DATE SIGNED: 12-6-51

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Removal | 12-6-51 | Arlington National | Arlington, Va. |

DATE REC'D BY LOCAL REG.: Dec 6, '51
REGISTRAR'S SIGNATURE: [illegible] County
24. FUNERAL DIRECTOR: Wm. J. Tickner & Son By: Roche ADDRESS: WM. J. TICKNER & SONS, Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH 12078

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CALVERT; HOSPITAL OR INSTITUTION OR STREET ADDRESS; MARYLAND; LENGTH OF STAY (In this place) 22 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY CECIL; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CALVERT; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) ELLA (Last) MOWBRAY

4. DATE OF DEATH: (Month) 12 (Day) 2 (Year) 1951

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: APR 13 1896

9. AGE last birthday: 55 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): ELKTON VA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JACOB MERICA

14. MOTHER'S MAIDEN NAME: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT: James S Mowbray North East Md

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia — Interval between onset and death: 2 days

Antecedent cause(s) 149.8 — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 502

(b) Massive carcinomatosis — 3 months

(c) none

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/12/51, to 12/1/51, that I last saw the deceased alive on 12/1/51, and that death occurred at 4:50 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Neil R Taylor MD ADDRESS Rising Sun Md DATE SIGNED 12/2/51

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL; DATE 12-6-1951; NAME OF CEMETERY OR CREMATORY CALVERT FRIENDS; LOCATION (City, town, or county) CALVERT (State) Md

DATE REC'D BY LOCAL REG. Dec 6; REGISTRAR'S SIGNATURE V E Worthington

24. FUNERAL DIRECTOR ADDRESS Joseph A Frank North East Maryland

(M)

The correct age

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

12679

Reg. Dist. No. 96

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Cecil MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point — LENGTH OF STAY (in this place) 4mo. 12 days | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital | STREET ADDRESS (If rural, give location) 644 L. Street, N. E. |

| | | | | |
|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) DELMAR | (Middle) S. | (Last) MUDD | 4. DATE OF DEATH (Month) December (Day) 12 (Year) 1951 |

| | | | | | |
|---|---|---|---|---|---|
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH 8-5-1925 | 9. AGE last birthday 26 yrs. | If under 1 year: Months / Days; If under 24 hrs.: Hours / Min. |

| | | | |
|---|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | 10b. KIND OF BUSINESS OR INDUSTRY Various jobs Hotel, Union Station Drugstore | 11. BIRTHPLACE (State or foreign country) Washington, D. C. | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13. FATHER'S NAME John Mudd | | 14. MOTHER'S MAIDEN NAME Elizabeth Porter | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) WW II | 16. SOCIAL SECURITY No. 579 22 7731 | 17. INFORMANT AND ADDRESS Hospital Records, VAH, Perry Point, Md. | |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cirrhosis of the Liver | 5 Months |
| 581.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Chronic Alcoholism | Unknown |
| 4a | (c) Epilepsy, Idiopathic, Grand Mal Type | 4 Years |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes [X] No [ ] |

| | | | | |
|---|---|---|---|---|
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work [ ] Not While At work [ ] | HOW DID INJURY OCCUR? | | |

22. I hereby certify that VA attended the deceased from July 30, 1951, to Dec. 12, 1951, ~~that I last saw the deceased alive on 19~~ and that death occurred at 9:10 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E. P. Bradley, M.D., Chief, Professional Services, VAH, Perry Point, Md. 12-17-51

| | | | | |
|---|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Removal | DATE THEREOF 12-16-51 | NAME OF CEMETERY OR CREMATORY Unknown | LOCATION (City, town, or county) Unknown | (State) 12-17-51 |
| DATE REC'D BY LOCAL REG. Dec. 17 1951 | REGISTRAR'S SIGNATURE Ida M. Dougherty act. Reg. | 24. FUNERAL DIRECTOR Pennington & Son | ADDRESS PENNINGTON & SON, Havre de Grace, M | |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Item 18 Film G137 1-7-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12781

# CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point | LENGTH OF STAY (in this place) 1 Month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 900 - 19th St., NW

3. NAME OF DECEASED (Type or Print): (First) FRANCIS (Middle) T. (Last) MURPHY SR.
4. DATE OF DEATH: (Month) Dec. (Day) 14 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 7-15-88
9. AGE last birthday: 63 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer
10b. KIND OF BUSINESS OR INDUSTRY: Veterans Administration
11. BIRTHPLACE (State or foreign country): Minnesota
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John W. Murphy (Dec'd)
14. MOTHER'S MAIDEN NAME: Adell Horton (Dec'd)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI & II
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Malignant melanoma with metastases | Unknown |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Primary site: Buttock (1-7-52 - ams) | |
| | (c) | |

191X
53

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-15- , 1951, to 12-14- , 1951, [redacted], and that death occurred at 4:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

DE HART KRANS, M.D., Actg. Chief, Professional Services, VAH, Perry Point, Md. 12-15-51

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE THEREOF: 12-15-51 | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county) (State): Ft. Meyer, Va.

DATE REC'D BY LOCAL REG.: Dec-15 1951 | REGISTRAR'S SIGNATURE: Ida M. Haugsung Act Reg

24. FUNERAL DIRECTOR ADDRESS: Pennington & Son
PENNINGTON & SON, Havre de Grace, Md.

VS. A15

1208 II

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) F. (Last) Murray
4. DATE OF DEATH: (Month) Dec (Day) 5 (Year) 1951
5. SEX: M
6. COLOR OR RACE: Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Dec 3, 1951
9. AGE last birthday: yrs. — If under 1 year: Months. Days 2. — If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Albert R. Murray
14. MOTHER'S MAIDEN NAME: Zonia Kathryn E. Kulon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fetal asphyxia — Interval Between Onset and Death: 2 days

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
762.0 / 161a
(b) (Respiratory distress of 1½ hrs. resuscitated)
(c) but Child never had good respiration, Cry.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐:
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 3, 1951, to Dec 5, 1951, that I last saw the deceased alive on Dec 5, 1951, and that death occurred at 3 p.m., from the causes and on the date stated above.

SIGNATURE: Henry Davis (Degree or title) M.D. ADDRESS: Chesapeake City Md DATE SIGNED: 12/6/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Dec 7, 1951 — NAME OF CEMETERY OR CREMATORY: Townsend Cemetery — LOCATION (City, town, or county) (State): Townsend Del.

DATE REC'D BY LOCAL REG.:
REGISTRAR'S SIGNATURE:
24. FUNERAL DIRECTOR: H. W. Pippinger — ADDRESS: Elkton, Md.

2012 5/13/52 404

MARYLAND STATE DEPARTMENT OF HEALTH 12682

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 90

1. PLACE OF DEATH: COUNTY Essex — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgemere rural
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Curtis Creek
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) HENRY (Last) O'DONOVAN, JR.
4. DATE OF DEATH: (Month) 12 (Day) 8 (Year) 1951

5. SEX: M. | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: July 12-1910 | 9. AGE last birthday: 41 yrs. | If under 1 year: Months / Days | If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician
10b. KIND OF BUSINESS OR INDUSTRY: Insurance
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Henry O'Donovan Sr.
14. MOTHER'S MAIDEN NAME: Minnie Schriver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 215-05-2727
17. INFORMANT AND ADDRESS: Mrs. O'Donovan, Edgemere Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Drowned. — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)
129.8
1830

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: River
(CITY OR TOWN): Earleigh Heights (COUNTY): Anne Arundel (STATE): Md
TIME OF INJURY (Month) 12 (Day) 8 (Year) 51 (Hour) — m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Drowned in Severn River

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from; natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): A. E. Dodson M.D. — ADDRESS: Dorsey Md. — DATE SIGNED: 2-7-52

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial | DATE THEREOF: 2-9-52. | NAME OF CEMETERY OR CREMATORY: Greenmount | LOCATION (City, town, or county): Baltimore (State): Md

DATE REC'D BY LOCAL REG.: 2-8 | REGISTRAR'S SIGNATURE: Mrs. Harvey W. Cheyney | 24. FUNERAL DIRECTOR: Edw. J. Fellows | ADDRESS: Fenton Md.

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 13 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

12083

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH**
COUNTY: Cecil — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
STREET ADDRESS (If rural, give location): R. F.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Brinda | Lee | Pinder | Dec. | 23 | 1951 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| F | Wh. | Single | Sept. 26/51 | | 3 | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| none | none | Elkton Maryland | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Harry Pinder | Gladys Wade |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| | | Mr Harry Pinder Elkton Md R.F.D. |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Pneumonia Bronchial | 18 hrs |
| 491 X Antecedent cause(s) | | |
| 107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Upper Respiratory Infection | 1 Week |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from 12/17, 1951, to 12/23, 1951 that I last saw the deceased alive on 12/22, 1951, and that death occurred at 7:15 A m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| George J Krein M MD | | Elkton, Md | 12/23/51 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | Dec 26 51 | Pilgrim Memorial Park | Elkton R. 2 | Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Dec 26 | J K Frazier | H. W. Pilgrim | Elkton Md. |

2 2 5 2 3 3 4

RECEIVED
DEC 28 1.
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 12081

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct an... is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Kent — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edelton Rural — LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Del. — COUNTY: New Castle
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wilmington
STREET ADDRESS (If rural, give location): 222 N. Franklin

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Hugh | F | PURCELL | 12 | 3 | 1951 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| M. | White | Single | 10-23-1920 | 31 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Clerk | Atlas Pipe Co | Delaware. | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Patrick Purcell. | Fannie Cannon. |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| | 221-05-3474 | Patrick Purcell. |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carbon monoxide gas poison

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) attached hose to car exhaust pipe & end in car. He sat door

(c)

973.1 163 M

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office building, etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | Woods. | Edelton | Rural Kent | Del |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at work ☐ | Not while at work ☒ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|---|
| 12 | 3 | 51 | 1 p.m. | | | attached hose to auto Exhaust Pipe |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| H. Woodcock | MD DME | Viring Dover Del. | 12-3-51 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Removal | Dec. 3, 1951 | Cathedral Cemetery | Wilmington Del |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| | | H. W. Pippin & Son | Edelton Rd. |

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12085

# CERTIFICATE OF DEATH

Reg. Dist. No. 12-

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; LENGTH OF STAY (in this place) 12 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Liberty Grove; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JEAN (Middle) (Last) Rhoades

4. DATE OF DEATH: (Month) 12 (Day) 10 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 11-3-27

9. AGE last birthday: 24 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Buck Co. Pa.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Franklin Rhoades

14. MOTHER'S MAIDEN NAME: Helen Mac Cauley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Union Hospital Elkton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval between onset and death:

444X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

97 (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-27, 1951, to 12-10, 1951, that I last saw the deceased alive on 12-9, 1951, and that death occurred at 8 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Ellen Dodson MD Rising Sun Md 12-10-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: Dec. 13. 1951

NAME OF CEMETERY OR CREMATORY: Evansville Cem.

LOCATION (City, town, or county) (State): Evansville Pa.

DATE REC'D BY LOCAL REG.: Dec 17

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: J. J. Lynch ADDRESS: Rising Sun Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12086

# CERTIFICATE OF DEATH

Reg. Dist. No. 90

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cecilton | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Water Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cecilton
STREET ADDRESS (If rural give location) Water Street

3. NAME OF DECEASED (Type or Print): (First) Tiney (Middle) Frederick (Last) Ruley
4. DATE OF DEATH: (Month) 12 (Day) 10 (Year) 1957
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Aug 2 1890
9. AGE last birthday: 61 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Caterer
10b. KIND OF BUSINESS OR INDUSTRY: Catering
11. BIRTHPLACE (State or foreign country): Cecilton
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Tiney Ruley
14. MOTHER'S MAIDEN NAME: Martha J. Crowford
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 217-09-4869
17. INFORMANT: Walter P. Ruley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Tuberculous Meningitis & — Interval between onset and death: 1 year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Tuberculosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 9, 19 57, to Dec 10 19 57, that I last saw the deceased alive on Dec 10, 19 57, and that death occurred at 1 10 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Wallace A Lurkain, MD — Cecilton, Md — 12-10-57

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Dec 15 1957 | NAME OF CEMETERY OR CREMATORY Cecilton Cem. | LOCATION (City, town, or county) (State) Cecilton Md.

DATE REC'D BY LOCAL REG. Dec 13-57 | REGISTRAR'S SIGNATURE Mrs Harold A. Cheyney

24. FUNERAL DIRECTOR Edward Tolbert — ADDRESS Cecilton Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

12087

Reg. Dist. No. 9/

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City; LENGTH OF STAY (in this place) 58 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City Md.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) B. (Last) Seacord

4. DATE OF DEATH: (Month) Dec. (Day) 27 (Year) 1951

5. SEX: F

6. COLOR OR RACE: Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb 15, 1882

9. AGE last birthday: 69 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John P. Connor

14. MOTHER'S MAIDEN NAME: Wilhelmina Blades

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mr. David L. Seacord Chesapeake City Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Stomach — Interval Between Onset and Death: 6 months

151 X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

46 b (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1950, to Dec. 27, 1951, that I last saw the deceased alive on Dec. 26, 1951, and that death occurred at ....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. Monis MD Chesapeake City Md 12/28/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 12/30/51

NAME OF CEMETERY OR CREMATORY: Bethel Cemetery

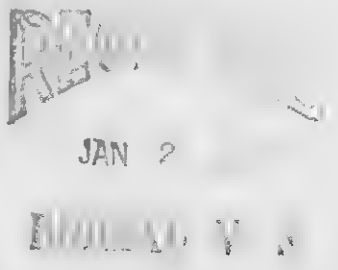
LOCATION (City, town, or county) (State): Chesapeake City R.D. Md

DATE REC'D BY LOCAL REG.: Dec. 30-1951

REGISTRAR'S SIGNATURE: Mrs Ralph D. Reed

24. FUNERAL DIRECTOR: H.W. Pippin & Son

ADDRESS: Elkton, Md.


JAN 2

MARYLAND STATE DEPARTMENT OF HEALTH 12088 2

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 97

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Deposit
LENGTH OF STAY (in this place): 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Route 222

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bainbridge
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) John (Last) SEMINARY

4. DATE OF DEATH: (Month) 12 (Day) 4 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct 5, 1924

9. AGE last birthday: 27 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CS2

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Navy

11. BIRTHPLACE (State or foreign country): Greensburg, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ralph Seminary, Sr.

14. MOTHER'S MAIDEN NAME: Mary Semnary Duda (Not maiden Name)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW2

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: U.S. Navy, Bainbridge, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture of Base of Skull

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

170 C (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Route 222 | (CITY OR TOWN): Port Deposit | (COUNTY): Cecil | (STATE): Md.

TIME OF INJURY: (Month) 12 (Day) 4 (Year) 51 (Hour) 8:20 a.m. | INJURY OCCURRED While at work ☒ Not while at work ☐ | HOW DID INJURY OCCUR? Car Skidded and hit tree

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident X, suicide , homicide , undetermined .*

SIGNATURE: J.L. Dodson M.D. (Degree or title) — ADDRESS: Kearneysville W Va — DATE SIGNED: 12-4-51

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE THEREOF: 12/5/51 | NAME OF CEMETERY OR CREMATORY: | LOCATION (City, town, or county) (State): Greensburg, Pennsylvania

DATE REC'D BY LOCAL REG.: 12/4/51 | REGISTRAR'S SIGNATURE: Dorothy D. Bramble | 24. FUNERAL DIRECTOR: Lee A. Patterson & Son | ADDRESS: Kearneysville, W Va

VS. A15A

CHL

12/10/51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 1208 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

**1. PLACE OF DEATH:**
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Perry Point
LENGTH OF STAY (In this place) 1 Mo 4 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Washington D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D. C.
STREET ADDRESS (If rural, give location) 1517 First Street, S.W. ✓

**3. NAME OF DECEASED:** (Type or Print) (First) WALTER (Middle) (Last) SIMMS

**4. DATE OF DEATH:** (Month) Dec. (Day) 31 (Year) 19 51

**5. SEX:** Male

**6. COLOR OR RACE:** Negro

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)** Married

**8. DATE OF BIRTH:** Aug. 31, 1909

**9. AGE last birthday:** 42 yrs. IF UNDER 1 YEAR Months 4 Days; IF UNDER 24 HRS. Hours; Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Laborer

**10b. KIND OF BUSINESS OR INDUSTRY:** Navy Department

**11. BIRTHPLACE** (State or foreign country): Washington, D.C.

**12. CITIZEN OF WHAT COUNTRY?** USA

**13. FATHER'S NAME:** Wallace Simms

**14. MOTHER'S MAIDEN NAME:** Alice Simms

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-II

**16. SOCIAL SECURITY NO.:** 587-01-9238

**17. INFORMANT & ADDRESS:** Hospital Records, VAH, Perry Point, Md.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Hypertensive Cardiovascular Renal Disease — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION:**

**20. AUTOPSY?** Yes ☒ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 27, 19 51, to Dec. 31, 19 51, ~~that I last saw the deceased alive on~~ and that death occurred at 6:00 A.m., from the causes and on the date stated above.

SIGNATURE E. S. Ells, M.D., (DEGREE OR TITLE) ADDRESS — DATE SIGNED

E. S. Ells, M.D., Acting Chief, Professional Services, VAH, Perry Point, Md. 12-31-51

**23. BURIAL, CREMATION / REMOVAL** (Specify): Removal — DATE THEREOF 1-1-52 — NAME OF CEMETERY OR CREMATORY Arlington National Cemetery — LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. Jan 1 1952 — REGISTRAR'S SIGNATURE Ina M. Abernethy — **24. FUNERAL DIRECTOR** — ADDRESS

Barnes & Matthews Per Lewis M. Barnes

BARNES & MATTHEWS, Washington, D.C.

Act Reg.

JAN 4 1952

BUREAU V. S.

Item 18 Film G137 1-7-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12630

# CERTIFICATE OF DEATH

Reg. Dist. No. 92

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (In this place) 1 yr 5 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 122½ E. High St

3. NAME OF DECEASED (Type or Print): (First) Brenda (Middle) Lee (Last) South

4. DATE OF DEATH: (Month) Dec (Day) 14 (Year) 1951

5. SEX: F

6. COLOR OR RACE: Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: June 30/50

9. AGE last birthday: / yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Elkton

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Fred South

14. MOTHER'S MAIDEN NAME: Janice Jensen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Jonnie South Elkton, Md

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Progressive Hydrocephalus — Interval Between Onset and Death: 6 wks

1491 X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

107 (b) Meningitis all cultures & tests were negative — 2 wks (1-22-52 ams)

(c) Pneumonia Bronchial — 2 mos

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 Oct, 1951, to 14 Dec, 1951, that I last saw the deceased alive on 13 Dec, 1951, and that death occurred at 5:25 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

George S. Kneis, Jr. M.D. Elkton Md 14 Dec 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Dec 16/51 | NAME OF CEMETERY OR CREMATORY: Colpen Manor | LOCATION (City, town, or county) (State): Elkton, Md.

DATE REC'D BY LOCAL REG.: Dec 15 | REGISTRAR'S SIGNATURE: [illegible] | 24. FUNERAL DIRECTOR: H.W. Lippincott Elkton, Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12691

# CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physi[illegible]: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chesapeake City
STREET ADDRESS (If rural, give location): R.D.

| 3. NAME OF DECEASED (Type or Print) | (First) | (Middle) | (Last) | 4. DATE OF DEATH | (Month) | (Day) | (Year) |
|---|---|---|---|---|---|---|---|
| | Charles | C. | Ulary | | Dec | 25 | 1957 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| M | Wh. | Widowed | Sept 22 1873 | 78 yrs. | | | | |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Executive
10b. KIND OF BUSINESS OR INDUSTRY: Summulstote
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles R. Ulary
14. MOTHER'S MAIDEN NAME: Anna M. McKee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Mr. Lewis B. Ulary North East, Md. R.F.D.

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cerebral Hemorrhage | 6 hours |
| 443X Antecedent cause(s) | (b) Hypertensive C.V. Disease | 6 years |
| 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (c) | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour): m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1944, to Dec 25, 1957, that I last saw the deceased alive on Dec 25, 1957, and that death occurred at .....m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Herman Dorsey | M.D. | Chesapeake City Md. | 12/25/57 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Dec. 28 1957 | Bethel Cemetery | Chesapeake City R.D. Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| | | H. W. Piffin & Son | Elkton Md. |

RECEIVED
3 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12092

# CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
LENGTH OF STAY (in this place) 5yr. 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 2123 G. Street, N.W.

3. NAME OF DECEASED (Type or Print): (First) LEWIS (Middle) H. (Last) WILLIAMS
4. DATE OF DEATH: (Month) December (Day) 12 (Year) 1951

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | Negro | Married | 2-5-1912 | 39 yrs. | | | | |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Delivery Man
10b. KIND OF BUSINESS OR INDUSTRY: Tailor Shop
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: LEWIS H. WILLIAMS,SR. - Deceased
14. MOTHER'S MAIDEN NAME: EDNA GROSS - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Psychosis with syphilis of central nervous system (meningo-encephalitic type)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

026X 30c

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 5, 1946, to Dec. 12, 1951, that I last saw the deceased ~~alive on~~ and that death occurred at 7:50 p m., from the causes and on the date stated above.

SIGNATURE: E. P. BRANNON, M.D. (Degree or title) ADDRESS: Chief, Professional Services, VAH, Perry Point, Md. DATE SIGNED: 12-13-51

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Removal | 12-14-51 | Arlington National | Arlington, Va. |

DATE REC'D BY LOCAL REG. Dec. 14 1951 | REGISTRAR'S SIGNATURE Ida M. Dougherty | 24. FUNERAL DIRECTOR ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

Act Reg.

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DEC 17 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

12093

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point; LENGTH OF STAY (in this place) 16yr, 4mo, 26days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 717 Poplar Grove

3. NAME OF DECEASED (Type or Print): (First) FRANKLIN (Middle) C. (Last) WOODEN
4. DATE OF DEATH: (Month) December (Day) 13 (Year) 1951

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Divorced | 9-26-1895 | 56 yrs. | | | | |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Agent
10b. KIND OF BUSINESS OR INDUSTRY: Real estate
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank E. Wooden - Deceased
14. MOTHER'S MAIDEN NAME: Birdie Sellers - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Pneumonia, bronchial, both lungs | 15 days |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Dementia Praecox, simple type — Unk.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from July 17, 1935, to Dec. 13, 1951, that I last saw the deceased alive on [illegible] 19[illegible] and that death occurred at 3:50 P.m., from the causes and on the date stated above.

SIGNATURE (E. P. BRANNON, M.D. CHIEF) (Degree or title) Professional Services, VAH, Perry Point, Md. ADDRESS — DATE SIGNED

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Removal | 12-15-51 | Baltimore National | Baltimore, Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Dec 15, 1951 | Ida M. Daugherty | Pennington & Son | PENNINGTON & SON, Havre de Grace, Md. |

Act Reg - 12-20-1951

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DEC 19 1951
BUREAU V. S.